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Letters

Why we are sceptical about this study of antidepressant withdrawal symptoms

Prof John Read and **Dr James Davies** argue that a recent review's findings are not relevant to the majority of real-world antidepressant users, while readers offer their own experiences of using the drugs

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You recently reported on a research review, which claimed that only about 15% of people experience withdrawal effects when coming off antidepressants and that only 3% experience severe withdrawal (Antidepressant withdrawal symptoms experienced by 15% of users, study finds, 7 June). We believe this to be misleading. A previous review we conducted, mentioned in your report, found that the overall rate of withdrawal effects to be 56%, with 25% experiencing severe withdrawal.

We fear that both your report and the article by Prof Carmine Pariante about the review that you also published (The myth that antidepressants are addictive has been debunked - they are a vital tool in psychiatry, 8 June) will mislead both doctors and the public into a dangerously false sense of reassurance.

The recent review was based primarily on studies with patients averaging 25 weeks of antidepressant use; many of the studies included were funded by drug companies, and nearly half only assessed antidepressant use for up to 12 weeks. The typical antidepressant user is on these drugs for several years, not a few months or weeks. As we know that longer-term use increases both the risk and severity of withdrawal, this review's findings are not relevant to the majority of real-world antidepressant users.

This review took issue with our previous review's inclusion of online surveys of antidepressants. The online surveys found roughly the same rates of withdrawal as the other types of studies we included. The surveys were independent of drug company influence, were many times larger than more traditional drug trials and, crucially, included hundreds of the more typical long-term antidepressant users. Our review found, of course, that the longer one is on the drugs, the higher the probability of withdrawal effects when one stops.

Most of the short-term, drug-company-funded studies in the recent review did not assess withdrawal effects systematically and relied instead on subjective clinician reports (including for severity). A more objective measure of withdrawal symptoms, which is standard in any robust research, was used in only six of the 79 studies included in the review. As a result, it is likely that the incidence and severity of withdrawal was further minimised, making any uncritical acceptance of this study's findings irresponsible from a clinical point of view.

This review's findings, if accepted uncritically, may diminish the likelihood of the NHS providing essential support for individuals experiencing severe and prolonged withdrawal, as recommended by Public Health England, the World Health Organization and the United Nations. Minimising harms benefits no one, least of all those most in need.

Prof John Read

Prof John Read
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Dr James Davies
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After decades of anxiety and depression, in my terms, I gave in and asked my GP to prescribe antidepressants. I had already embraced talking therapy, a healthy lifestyle and relaxation techniques. I was also dealing with a long-term critically sick husband and traumatic family issues. Life as I knew it had diminished beyond recognition.

It took a week or so for the side-effects to settle and several weeks before I felt significantly better. That was seven years ago - and my experience has been positively life-changing. I don't lack emotion; I don't feel numbed or euphoric. I am now dealing with the death of my husband, and the antidepressants haven't robbed me of the grieving process. In my case, antidepressants help me in a similar way to any other essential medication. I don't crave a larger dose, and what I have is a decent quality of life.

Lynne Collins
Leigh-on-Sea, Essex

I was prescribed antidepressants (Citalopram) in my late 40s (I am now 74). At the time I didn't think I was depressed, but two doctors told me I was. In retrospect, I can clearly see that my low mood and tiredness were menopausal symptoms. (I have recently met someone the same age as me who has also been on Citalopram since her 40s, which was also prescribed for what now we understand as clearly menopausal symptoms.)

Over the years, I have tried three times to gradually come off the medication. Each time, I have become extremely depressed and suicidal. The last time I tried, I reduced by one tablet a week over a whole year. I then removed the second tablet, and six weeks later I was a crying, desperate mess.

My local GPs have been unable to help and seem uninformed about the impact of the drug. I am no longer trying to come off it. Life is too short to sacrifice my mental wellbeing again. Ironically, because of trying to come off Citalopram, I now know what depression really is, and I know that wasn't what I had when I was prescribed it.

Name and address supplied

In the UK and Ireland, Samaritans can be contacted on freephone 116 123, or email jo@samaritans.org or jo@samaritans.ie. In the US, you can call or text the National Suicide Prevention Lifeline on 988, chat on 988lifeline.org, or text HOME to 741741

Suicide Prevention Lifeline on 988, chat on 988lifeline.org, or text HOME to 741741 to connect with a crisis counselor. In Australia, the crisis support service Lifeline is 13 11 14. Other international helplines can be found at befrienders.org

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